

GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING


2002

USE LABEL OTHERWISE PLEASE PRINT OR TYPE	L A B E L H E R E	Your First Name and Initial		Last Name		Your Social Security Number			
		If Joint Return, Spouse's First Name and Initial		Last Name		Spouse's Social Security Number			
		Home Address (number and street)				Apt. No.		Daytime Telephone	
		City, Town or Post Office, State and Zip Code							


PART I	TAX RETURN INFORMATION (Whole Dollars Only)
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1. Federal Adjusted Gross Income (Form 500, Line 8; Form 500EZ, Line 1).....	1.	
2. Georgia Taxable Income (Form 500, Line 15; Form 500EZ, Line 3).....	2.	
3. Net Georgia Tax (Form 500, Line 18; Form 500EZ, Line 4).....	3.	
4. Refund (Form 500, Line 32; Form 500EZ, Line 15).....	4.	
5. Balance Due (Form 500, Line 31; Form 500EZ, Line 14).....	5.	

PART II	DIRECT DEPOSIT OF REFUND
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6. Routing Transit Number (RTN) 

First two numbers of the RTN must be 01 through 12 or 21 through 32

7. Depositor Account Number (DAN) 

8. Type of Account: ☐ Savings ☐ Checking

9. Proof of Account: ☐ Check ☐ Other

PART III	DECLARATION OF TAXPAYER(S)
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ATTACH GEORGIA COPY OF FORMS W-2, W-2G, 1099-R, AND IND-CR HERE. ATTACH OTHER STATE RETURNS, SCHEDULES, AND STATEMENTS ON BACK.

10. ☐ I consent that my refund be directly deposited as designated in Part II, and I declare that the information shown on lines 6 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☐ I do not want direct deposit of my refund.

Under the penalty of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and the amounts shown in Part I agree with the amounts shown on the corresponding lines of my 2002 Georgia Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Sign Here _____
 Your Signature _____ Date _____
 Spouse's Signature _____ Date _____

PART IV	DECLARATION OF ELECTRONIC FILING ORIGINATOR AND PAID PREPARER
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I DELCARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLDGE.

ERO's Use Only	ERO's _____ Signature _____	Date _____	Check if also paid preparer <input type="checkbox"/>
	ERO/SSN/PTIN _____		
	FID/PTIN _____		
	Firm's Name (or yours if self-employed) and address _____ _____		

IF PREPARED BY A PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE TAXPAYER HAS KNOWLEDGE.

Paid Preparer Use Only	Paid Preparer's Signature	Date	FID/TIN	SSN/PTIN
	Firm's Name (or yours if self-employed) and address			

DO NOT MAIL! RETAIN IN YOUR FILE